

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>ML</i>		<i>08-06-01</i>
O.I.P.E. CLASSIFIER		<i>1/2</i>	<i>8/9/01</i>
FORMALITY REVIEW	<i>ES.</i>	<i>116</i>	<i>09/10/01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	<i>5/12/01</i>
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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